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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/399,753
	Filing Date	September 21, 1999
	First Named Inventor	Craig Miller
	Art Unit	3624
	Examiner Name	C. Kyle
Total Number of Pages in This Submission	Attorney Docket Number	000479.83892

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition : <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Ross A. Dannenberg, Reg. No. 49,024
Signature	
Date	October 20, 2004

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FEE TRANSMITTAL **for FY 2005**

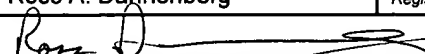
Effective 10/01/2004. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 980

Complete If Known	
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METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																																																																																																																																																																			
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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Ross A. Dannenberg	Registration No. (Attorney/Agent)	49,024
Signature		Telephone	(202) 824-3000
		Date	October 20, 2004

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